

STATE OF IOWA DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURES		Policy Number HSP-711	Applicability <input checked="" type="checkbox"/> DOC <input type="checkbox"/> CBC
		Policy Code Confidential	Iowa Code Reference N/A
Chapter 6 HEALTH SERVICES	Sub Chapter MENTAL HEALTH	Related DOC Policies HSP-710	Administrative Code Reference N/A
Subject MENTAL HEALTH OBSERVATION		ACA Standards 4-4369	Responsibility Dr. Harbans Deol
		Effective Date December 2015	Authority Jerry Bartruff Director Signature on file at Iowa DOC

I. PURPOSE

To ensure welfare of offenders demonstrating signs and symptoms of mental illness.

II. POLICY

To provide care and management of offenders demonstrating signs and symptoms of mental illness.

III. DEFINITIONS

- A. Mental Health Observation (MHO) - A status for those with status/behavior changes that warrant closer observation than their current living situation allows.
- B. Mental Health Care Providers - Qualified health care professionals who by virtue of their education, credentials and experience are permitted by law to prescribe medications. These include physicians, physician assistants and nurse practitioners.

- C. Mental Health Care Professionals - Qualified health care professionals who by virtue of their education, credentials and experience are permitted to care for the mental health needs of offenders. These include psychologists, nurses, social workers and mental health counselors.
- D. See IDOC Policy **AD-GA-16** for additional Definitions.

IV. PROCEDURE

All institutions within the IDOC will utilize this policy and relevant forms to monitor those whose status or behavior changes warrant closer observation. Facility orientation records will reflect that appropriate staff has received training in this policy and procedure. **Appropriate action is to be taken when any staff member has reason to believe that an offender's mental health status requires closer observation.**

Mental Health Observation Status may be utilized for offenders with:

- Changes in their activities of daily living/behavior or functioning.
- Changes in their social interactions/social support groups.
- A perceived change in psychiatric symptoms (e.g. depression, anxiety, psychosis and/or reckless behavior).
- The need to monitor medication adjustments or changes in medication compliance.
- Observations supporting the opinion that an offender's mental health status requires closer observation will be reported to the psychologist assigned to that living unit. The psychologist will evaluate the offender's mental status.

A. Authorization/Notification

1. A mental health care provider or psychologist, when on duty, usually initiates MHO status. In the absence of a mental health care provider/psychologist, MHO may be initiated by onsite nursing staff and/or designated management staff.
2. If Mental Health Observation (MHO) status has been initiated **by nursing**, the on-call psychiatrist will be notified in accordance with **HSP-710, Suicide Self-Injury Prevention**.

3. Once MHO status has been initiated, the appropriate mental health care provider will be notified.
4. Upon returning to duty, the mental health care provider/psychologist will assume overall management responsibilities of all MHO plans.
5. Upon notification the mental health care professional, if on site, will interview the offender and appropriately document the offender's history and behavior.
6. Referral as necessary for psychiatric consultation is based on results of assessment and evaluation by the psychologist.

B. Documentation and Monitoring Standards

[REDACTED]

[REDACTED]

3. Initiate *Mental Health Observation Protocol Form, HSF-711A*, in Medical ICON.
 - a. Any changes to property or privileges shall be documented in Medical ICON on **HSF-711A** and a new form printed and kept at the officer station.
 - b. Modifications to MHO status such as "no sharps" restriction will be entered into the comments section of **HSF-711A**. Modifications to MHO status are made by the Treatment Team.

[REDACTED]

5. Mental health care provider will enter a progress note in offender health record at least weekly.
6. Mental health professionals will document an encounter on each offender in MHO each onsite workday.

Documentation shall be completed in Medical ICON and any significant changes in mental health shall be discussed with the treatment team.

7. Nurses will see each patient face-to-face and enter a progress note each workday.

Documentation shall be completed in Medical ICON and any significant changes in mental health shall be discussed with the treatment team.

8. Vitals and weight will be documented by nursing staff in the health record every seven days.

[REDACTED]

10. Mental health care provider to be notified of any significant behaviors or concerns.

Significant behaviors include, but are not limited to, self-mutilation, homicidal thoughts, kicking or banging cell door or walls, yelling or screaming, medication noncompliance or psychoses.

11. The shift supervisor will ensure that appropriate documentation of the administration notice occurs in ICON.

C. Nutrition

Offenders placed in MHO status will receive safe, nutritious meals. Sack meals are an option for offenders who are placed in MHO status for three (3) days or less. These meals shall consist of finger foods, provide adequate calories, include at least one item from each of the basic food groups, and will be served in a paper sack or appropriate container. At no time shall food loaf be used. Offenders may be served the general diet tray with the exception of necessary modifications for the purpose of providing safe foods (i.e. boneless) and substitutions for foods that would be difficult to eat with a biodegradable utensil (i.e. soup). Variances from the general menu shall be of similar nutritional value. Offenders who remain in MHO status longer than three days shall receive at least two hot meals a day.

D. Offender Property/Privileges

In most instances, an offender in MHO status may have the same property and privileges as an offender in Administrative Segregation status. Modifications should occur rarely; however, if the mental health care provider/psychologist determines that modification of clothing or property is needed, this will be documented in the comment section of the Mental Health Observation Protocol Form, **HSF-711A**, on Medical ICON and in appropriate notes.

Any modifications in MHO property/privileges shall be determined by the Treatment Team.

E. Discontinuation of MHO

1. Criteria to be considered for discontinuation of MHO status:
 - a. Improvement in symptoms.
 - b. The offender is now compliant with medication regime and no reports of side effects.
 - c. Noted improvement in social interactions.
 - d. The offender is able to perform daily activities such as personal hygiene.
2. The mental health care provider/psychologist has final responsibility for terminating MHO status. In all circumstances, nursing, mental health care providers/professionals, as well as security staff, shall be notified of final termination. **(4-4369)**

In the absence of a mental health care provider/psychologist, a licensed nurse may discontinue/change a MHO status in consultation with the on-call psychiatrist.



